

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001389

STATE FILE NUMBER

AMENDED

Registration District No. 139

Primary Registration District No.

Registrar's No. 2

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

HOLT

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

HOLT

Inside Limits

Yes ☒ No ☐b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

FORTESCUE

Length of stay in 1b

46 YRS.

c. CITY
OR TOWN

FORTESCUE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERT MATTHEW KECK

4. DATE
OF DEATH

Month

Day

Year

JAN. 15, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/30/1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

BUILDING INDUSTRY

11. BIRTHPLACE (City and state or country)

FOREST CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSHUA KECK

13b. MOTHER'S MAIDEN NAME

DARCUS HOPPER

13c. NAME OF HUSBAND OR WIFE

FLORENCE M. KECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

HAROLD KECK

1023 CHARLES ST.
ST. JOSEPH, MO.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anoxia

INTERVAL BETWEEN
ONSET AND DEATH

2 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiac Arrest

2 min.

DUE TO (c)

Myocardial Infarction

2 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 59

to Jan 15, 62

and last saw

him alive on

Jan 15, 62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James H. Crawford (Doctor or title)

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

1/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

1-18-1962

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

Mound City, Mo.

24. FUNERAL DIRECTOR

James H. Crawford

ADDRESS

Mound City, Mo.

25. DATE RECD. BY LOCAL REG.

1-17-1962

26. REGISTRAR'S SIGNATURE

James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.